



## G-tube/PO/Enteral Feeding Action Plan

\*\*\*ONLY FILL OUT IF YOUR CHILD HAS ENTERAL FEEDINGS OR SIGNIFICANT SWALLOWING ISSUES\*\*\*

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Cell \_\_\_\_\_ Hm: \_\_\_\_\_ Work: \_\_\_\_\_

Other Contacts: \_\_\_\_\_ Cell \_\_\_\_\_ Hm \_\_\_\_\_ Work: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_

### MEDICAL DIAGNOSIS

Student will need G-tube Feeding while at school \_\_\_\_ No \_\_\_\_ Yes

Can student take anything by mouth? \_\_\_\_ No \_\_\_\_ \*Yes If so please describe consistency (e.g. nectar-thick, no thin liquids, etc.): \_\_\_\_\_

Type of G-Tube: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

Name of formula: \_\_\_\_\_

Gravity: \_\_\_\_ No \_\_\_\_ Yes Pump to be used: \_\_\_\_ No \_\_\_\_ Yes Type of Pump: \_\_\_\_\_ Flow Rate: \_\_\_\_\_ cc/hr

Steps to confirm tube placement: \_\_\_\_\_

Volume to be given: \_\_\_\_\_ cc over \_\_\_\_\_ minutes

Volume of water before feeding: \_\_\_\_\_ cc Volume of water after feeding: \_\_\_\_\_ cc

Feeding times while at school: \_\_\_\_\_

Positions: During Feeding: \_\_\_\_\_ After Feeding: \_\_\_\_\_

Medication to be given with feeding: \_\_\_\_ No \_\_\_\_ \*Yes- Name of Medication/Instructions: \_\_\_\_\_

**\*An "Administration of Medication at School" form must be completed by parent and physician to administer any medication at school. \***

List of supplies that parents will provide to school: \_\_\_\_\_

(Parents must supply all g tube supplies, formula and suction as necessary, with replacement tubing every 30 days or per manufacturer recommendation)

Any problems/concerns/reasons to withhold feeding: \_\_\_\_\_

Emergency Plan and Directions to follow should the tube become dislodged: \_\_\_\_\_

Additional Information (e.g. transition plan, types of oral intake allowed as well as times and amount allowed) : \_\_\_\_\_

(If the gastrostomy button/tube is inadvertently removed or comes out at school, the School Health Personnel will immediately call the parent/guardian. The parent/guardian will be responsible to pick up the student. The school nurse will attempt to reinsert the button/tube.)

### Other Considerations:

- G-Button pulled out of stoma – RN can replace or re-insert. If unable, cover with a clean gauze and notify parent/guardian immediately.
- Skin breakdown around site exhibited by redness, drainage, irritation, and bleeding- treat per Doctor's guidelines, notify parent/guardian.
- Aspiration of fluid into lungs exhibited by difficulty breathing or changes in color – Stop feeding immediately and notify parent/guardian.
- Intolerance of feeding exhibited by nausea, vomiting, cramping, coughing and/or gagging – Stop feeding. Check the rate of the feeding; may need to be decreased. Notify parent/guardian
- **If transitioning to solid foods, an outside OT and GI will need to be contacted and new plan for each transition will need to be written. Each plan must detail types and frequency of oral foods and beverages**

\*Students who require the use of a feeding tube at school will be allowed to participate in school sponsored activities/field trips, but feedings will not be provided unless medical documentation indicates it is medically necessary during the hours of the activity.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_